
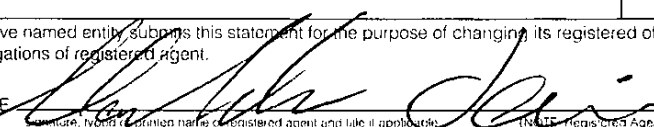
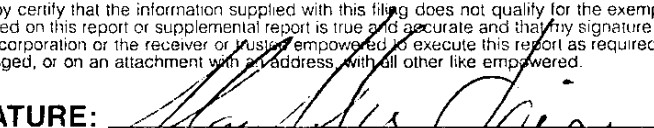


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90088 002 ***155.00

DOCUMENT # P03000130293			
1. Entity Name MANOOCH LIMOUSINES AND TRANSPORTATION SERVICES, INC.			
Principal Place of Business 5719 NW 84 TERRACE TAMARAC FL 33321		Mailing Address P.O. BOX 330082 MIAMI FL 33233-0082	
2. Principal Place of Business 5719 N.W. 84 TERRACE		3. Mailing Address P.O. BOX 330082	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TAMARAC - FL		City & State MIAMI - FL	
Zip 33321	Country U.S.A.	Zip 33233-0082	Country U.S.A.
6. Name and Address of Current Registered Agent RAFFERTY HART STOLZENBERG GELLES ET AL 1401 BRICKELL AVE STE 825 MIAMI FL 33131		7. Name and Address of New Registered Agent Name RAFFERTY HART STOLZENBERG GELLES ET AL Street Address (P.O. Box Number is Not Acceptable) 1401 BRICKELL AVE. STE 825 City MIAMI FL Zip Code 33131	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 04/06/2006 <small>(Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAVARI, MANOOCHHEHR 5719 NW 84 TERRACE TAMARAC FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		MANOOCHHEHR LAVARI 04/06/2006 (305)753-0985	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



1st MOORE CR2E034 (10/05)